

Registration District No.

104

Primary Registration District No.

3008

Registrar's No.

220

1. PLACE OF DEATH:

(a) County Calloway
 (b) City or town Fulton, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hospital #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 yrs 1 mo
 (Specify whether years, months or days)
 In this community 16 days

3. (a) PRINT FULL NAME

John Wiley Blankenship

3. (b) If veteran, name war

no.

3. (c) Social Security No.

no.

4. Sex

male

5. Color or race

white

6. (a) Single, widowed, married, divorced

single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive

1902

7. Birth date of deceased

D.K.
(Month)

(Day)

1902
(Year)

8. AGE:

Years

Months

Days

If less than one day

39D.K.

hr. min.

9. Birthplace

America
(City, town, or county)

(State or foreign country)

10. Usual occupation

D.K.9

11. Industry or business

12. Name

D.K.9

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

D.K.

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

Hospital Records

(b) Address

State Hospital #1, Fulton, Mo.

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

Aug 15, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation

May, Mo.

18. (a) Signature of funeral director

John Y. Mangin

(b) Address

700 Court St. Fulton, Mo.

19. (a) Date received local registrar

Aug 14, 1941

(b)

R. N. Crews
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln
 (c) City or town Moscow Mills
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14
 year 1941 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 1
 1941, to Aug 14, 1941;
 that I last saw him alive on Aug 14, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death

terminal bronchopneumonia

Due to

myocarditis

Due to

post encephalitic lethargy

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

370

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence
 (c) Where did injury occur?
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature Joseph [unclear] (M. D. or other)Address Fulton State HospitalDate signed 9/14/41

OCT 6 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed..... *Glen Y. Manspe*
Licensed Embalmer No. *2725*
P. O. Address *Fulton, N*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31188

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. _____

1. PLACE OF DEATH
(a) County Callaway
(b) City or town Hutton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME John Wiley Blankenship
(b) If veteran _____ (c) Social Security
name war _____ No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced d.
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased J.W.
(Month) _____ (Day) _____ (Year) _____

8. AGE: Years 39 Months _____ Days _____ (If less than one day
in _____ min.

9. Birthplace _____
(City, town, or county) _____ (State or foreign country) _____

10. Usual occupation _____
11. Industry of business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country) _____
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant _____
(b) Address _____

17. (a) Removal (b) Date thereof Aug 14, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day _____
year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____
_____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

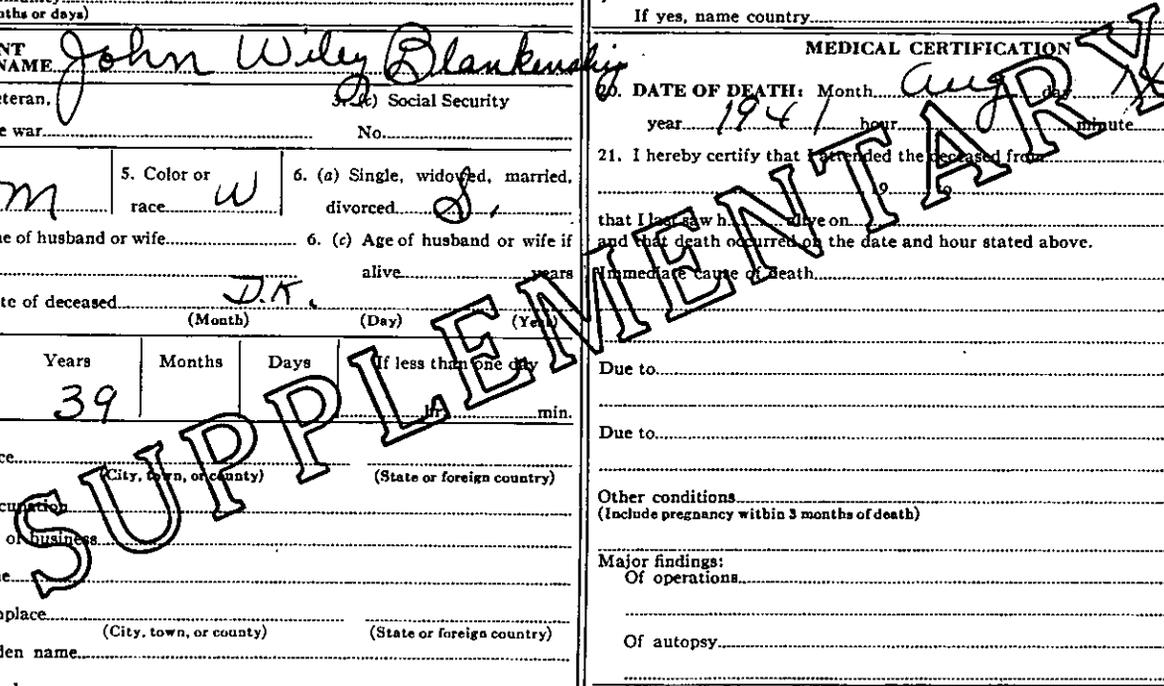
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
_____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD



1941

S-31188